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NYC ELITE Gymnastics Registration Form

Year: _____ Semester: Spring Fall Summer I Summer II Summer III

Full name of child:	M / F	DOB:	Age in Years ___ Months ___	You may use my child's likeness for promo materials.
Medical conditions or ALLERGIES we should be aware of:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Names:		Parent Cell #s :		
Address:		Parent work #s:		
Parent emails:		Emergency Contact Name and Phone #: Other than those listed.		

Desired Class: Class Day: _____ Class Time: _____ Class Title: _____

Payment Information

Credit Payment Option: AMEX/ VISA/ MC/ DISCOVER # _____
Expiration Date: ____/____/____ CVC: _____ Billing Zip Code: _____

TUITION PAID IN FULL FOR ALL CLASSES MUST BE MADE AT TIME OF REGISTRATION

Make Up Class Policy

Make up classes are provided to our students under the following conditions: 1) Availability in appropriate class for make-up, 2) The office is notified in ADVANCE of the absence, 3) A maximum of THREE make-ups are allowed per class per semester (unless otherwise noted) 4) Make-ups cannot be carried over to a new semester, and 5) No make-ups will be scheduled the first or last week of classes. **Failure to attend scheduled make-up class will result in forfeiture of the make-up.** We appreciate your cooperation.

Cancellation Policy

A full refund minus the pro-rated amount of the classes taken will be given until the third week of class. After that point, a credit will be issued minus a \$75 insurance fee.

CONSUMERS RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THIS DATE . . . ADDITIONAL RIGHTS TO CANCELLATION: -You may also cancel this contract for any of the following reasons: 1)If upon a doctor's order, you cannot physically receive the services because of significant physical disability for a period in excess of six months. 2)If you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing. 3)If you move your residence more than 25 miles from any health club operated by seller. 4)If the services cease to be offered as stated in the contract. 5)All money paid pursuant to such contract cancelled for the reasons contained in this subdivision shall be refunded within 15 days of receipt of such notice of cancellation.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

Warning: By the very nature of the activity, gymnastics and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

You hereby waive any claims or rights that you might otherwise have to sue us (NYC Elite Gymnastics, Inc., NYC Elite Gymnastics II, Inc., and NYC Elite Gymnastics III, Inc.), our employees, owners or officers for injuries that might occur as a result of any activity conducted at NYC Elite. You assume all liability and risk. If injury should occur to the above named while participating in any NYC Elite activity, I hereby authorize NYC Elite to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent/Guardian Signature _____

Date: _____

Adult Participant for Baby Classes: _____

Date: _____